

400-00-7502

Description: Nonresident MFJ in the military with Dependent, Direct Deposit

Forms: AZ-140NR, 301, 309, 8879

PATS Info

AZ-140NR: Residents of OR with W2s

Filing with extension

Clean Election Reduction

Contributions to all Checkoff Funds except Aid to Education

Copy of OR return (first 2 pages)

For the year Jan. 1-Dec. 31, 2006, or other tax year **COMBAT ZONE**, 2006, ending , 20 OMB. No. 1545-0074

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) [X] You [X] Spouse

Filing Status 1 [] Single 2 [X] Married filing jointly (even if only one had income) 3 [] Married filing separately. Enter spouse's SSN above and full name here. 4 [] Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 [] Qualifying widow(er) with dependent child (see page 17)

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a. 6b [X] Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Check if qualifying child for child tax credit (see pg 19) GERTRUDE NONMILLY 111-22-2444 Daughter [X] d Total number of exemptions claimed 3

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 50,000 8a Taxable interest. Attach Schedule B if required 8a 8b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a 9b Qualified dividends (see page 23) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [] 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a 15b Taxable amount (see page 25) 15b 16a Pensions and annuities 16a 15,000 16b Taxable amount (see page 25) 16b 12,000 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 2,200 20b Taxable amount (see page 27) 20b 1,870 21 Other income 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 63,870

Adjusted Gross Income 23 Archer MSA deduction. Attach Form 8853 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see page 30) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see page 31) 32 33 Student loan interest deduction (see page 33) 33 34 Jury duty pay you gave to your employer 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 31a and 32 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37 63,870

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	63,870
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked 2 ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 & check here ▶ 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,300
41	Subtract line 40 from line 38	41	51,570
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	9,900
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	41,670
44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	5,496
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	5,496
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Residential energy credits. Attach Form 5695	52	
53	Child tax credit (see page XX). Attach Form 8901 if required	53	1,000
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	1,000
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	4,496

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO	60	1,200
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	5,696

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	1,250
65	2006 estimated tax payments and amount applied from 2005 return	65	3,000
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election ▶ 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	4,250

Refund

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
75	Amount of line 73 you want applied to your 2007 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76	1,446
77	Estimated tax penalty (see page 60)	77	0

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? **Yes.** Complete the following. **No**

Designee's name ▶ **Eddie Ensley III** Phone no. ▶ **828-888-8888** Personal identification number (PIN) ▶ **10001**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 17. Keep a copy for your records.	Your signature 55544	Date 03-16-2007	Your occupation SOLDIER	Daytime phone number
	Spouse's signature. If a joint return, both must sign. 44455	Date	Spouse's occupation FARMER	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.

FOR CALENDAR YEAR 2006 OR

FISCAL YEAR BEGINNING AND ENDING

66

YOUR FIRST NAME AND INITIAL TEST T, LAST NAME NONMILLY, YOUR SOCIAL SECURITY NO. 400-00-7502, IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL ISABEL H, LAST NAME NONMILLY, SPOUSE'S SOCIAL SECURITY NO. 400-00-7567, PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE 341 RONALD RD, APT. NO. DAYTIME PHONE (with area code) 89 X, CITY, TOWN OR POST OFFICE SALEM, OR 97309, STATE ZIP CODE, HOME PHONE (with area code) 94, Check this box if: 82F X Filing under extension

Filing Status: 4 X Married filing joint return, 5 Head of household - name of qualifying child or dependent, 6 Married filing separate return. Enter spouse's Social Security Number above and full name here, 7 Single

FOR DOR USE ONLY

Exemptions: 8 02 Age 65 or over (you and/or spouse), 9 00 Blind (you and/or spouse), 10 01 Dependents. From page 2, line A2 - Do not include self or spouse.

88, 81, 80

11-13 Residency Status (check one): 11 Nonresident, 12 X Nonresident Active Military, 13 Composite Return

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN

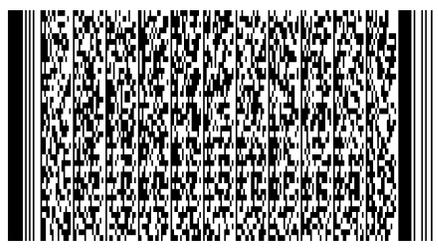


Table with columns for line numbers and amounts. Includes rows for Federal AGI (14), Arizona income (15), Additions to income (16), Subtractions (18), Arizona AGI (19), Personal exemptions (21), AZ taxable inc. (22), Compute tax (23), Subtotal of tax (25), Credits from Arizona Form 301 (29), Credit type (30), Clean Elections Fund Tax Credit (31), Balance of tax (32), Arizona income tax withheld (33), Arizona estimated tax payments (34), Amount paid with 2006 Arizona extension request (35), Total payments/refundable credits (36), TAX DUE (37), OVERPAYMENT (38), Amount of line 38 to be applied to 2007 estimated tax (39), Balance of overpayment (40), Voluntary Gifts to (41-49), Check only one if making a political gift (50), Estimated payment penalty and MSA withdrawal penalty (51), Check applicable boxes (52), Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49 and 51 (53), REFUND (54), AMOUNT OWED (55)

Attach W-2 to back of last page of the return. If itemizing, attach your federal Schedule A and Arizona Schedule A.

ATTACH PAYMENT HERE

PART A: Dependents - do not list yourself or spouse

A1 List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED IN YOUR HOME IN 2006
GERTRUDE NONMILLY	111-22-2444	DAUGHTER	12

A2 Enter total number of persons listed in A1 here and on page 1 of this form, box 10 TOTAL **A2** 1

A3 a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return: _____

b Enter dependents listed above who were not claimed on your federal return due to education credits: _____

PART B: Arizona Percent of Total Income

	2006 FEDERAL		2006 ARIZONA	
	Amount from federal return		Source amount only	
B4 Wages, salaries, tips, etc.	B4	50,000 00		40,000 00
B5 Interest	B5	00		00
B6 Dividends	B6	00		00
B7 Arizona income tax refunds	B7	00		00
B8 Business income (or loss) from federal Schedule C	B8	00		00
B9 Gains (or losses) from federal Schedule D	B9	00		00
B10 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	B10	00		00
B11 Other income reported on your federal return	B11	13,870 00		00
B12 Total income: Add lines B4 through B11	B12	63,870 00		40,000 00
B13 Other federal adjustments. Attach your own schedule	B13	00		00
B14 Federal adjusted gross income. Subtract line B13 from line B12 in the FEDERAL column	B14	63,870 00		
B15 Arizona income: Subtract line B13 from line B12 in the ARIZONA column. Enter here and on page 1 of this form on line 15	B15			40,000 00
B16 Arizona percentage: Divide line B15 by line B14, and enter the result (not over 100%)	B16			62.6 %

PART C: Additions to Income

C17 Early withdrawal of Arizona Retirement System contributions	C17		00
C18 Total depreciation included in Arizona gross income	C18		00
C19 Other additions to income. See instructions and attach your own schedule	C19		00
C20 Total: Add lines C17 through C19. Enter here and on page 1 of this form on line 16	C20		00

PART D: Subtractions from Income

D21 Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	D21	4,200 00	
D22 Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	D22	00	
D23 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	D23	2,300 00	
D24 Total exemptions: Add lines D21 through D23	D24	6,500 00	
D25 Multiply line D24 by the percentage on line B16, and enter the result	D25		4,069 00
D26 Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column	D26		00
D27 Arizona state lottery winnings included on line B11 in the ARIZONA column (up to \$5,000 only)	D27		00
D28 Agricultural crops contributed to Arizona charitable organizations	D28		00
D29 Construction of an energy efficient residence. See page 10 of the instructions. Enter number D29a <input type="text"/> , then amount	D29		00
D30 Other subtractions from income. See instructions and attach your own schedule	D30		00
D31 Total: Add lines D25 through D30. Enter here and on page 1 of this form, line 18	D31		4,069 00

PART E: Last Name(s) Used in Prior Years if different from name(s) used in current year

E32

PLEASE SIGN HERE	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	▶ YOUR SIGNATURE	10-18-2006	SOLDIER
		DATE	OCCUPATION
	▶ SPOUSE'S SIGNATURE	10-18-2006	FARMER
		DATE	SPOUSE'S OCCUPATION
	PAID PREPARER'S SIGNATURE	FIRMS'S NAME (PREPARER'S IF SELF-EMPLOYED)	
	PAID PREPARER'S TIN	DATE	PAID PREPARER'S ADDRESS

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

301

For the calendar year 2006, or
fiscal year beginning _____ and ending _____.

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR or 140X
TEST T & ISABEL H NONMILLY

YOUR SOCIAL SECURITY NUMBER

400-00-7502

SPOUSE'S SOCIAL SECURITY NUMBER

400-00-7567

Part I Nonrefundable Individual Tax Credits

Enter total available tax credits.

1	Defense Contracting Credit from Form 302		00
2	Enterprise Zone Credit from Form 304		00
3	Environmental Technology Facility Credit from Form 305		00
4	Military Reuse Zone Credit from Form 306		00
5	Recycling Equipment Credit from Form 307		00
6	Credit for Increased Research Activities from Form 308-I		00
7	Credit for Taxes Paid to Another State or Country from Form 309	246	00
8	Credit for Solar Energy Devices from Form 310		00
9	Agricultural Water Conservation System Credit from Form 312		00
10	Pollution Control Credit from Form 315		00
11	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319		00
12	Credit for Employment of TANF Recipients from Form 320		00
13	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321		00
14	Credit for Contributions Made or Fees Paid to Public Schools from Form 322		00
15	Credit for Contributions to School Tuition Organizations from Form 323		00
16	Agricultural Pollution Control Equipment Credit from Form 325		00
17	Neighborhood Electric Vehicle (NEV) Credit from Form 328		00
18	Credit for Donation of School Site from Form 331		00
19	Credit for Healthy Forest Enterprises from Form 332		00
20	Credit for Employing National Guard Members from Form 333		00
21	Credit for Motion Picture Production Costs from Form 334		00
22	Credit from Solar Energy Devices Commercial and Industrial Applications from Form 336		00
23	Total Available Tax Credits: Add lines 1 through 22	246	00

Part II Application of Tax Credits

Enter tax, recapture tax, and tax credits claimed this taxable year.

24	Tax from Form 140, line 20; or Form 140PY, line 23; or Form 140NR, line 23; or Form 140X, line 26	580	00
25	Clean Elections Fund Tax Reduction from Form 140, line 24; or Form 140PY, line 27; or Form 140NR, line 27; or Form 140X, line 29	10	00
26	Subtract line 25 from line 24	570	00
27	Tax from recapture of Environmental Technology Facility Credit from Form 305, Part VI, line 37		00
28	Tax from recapture of Neighborhood Electric Vehicle (NEV) Credit from Form 328, Part VI, line 19		00
29	Tax from recapture of Credit for Healthy Forest Enterprises from Form 332, Part X, line 39		00
30	Tax from recapture of Credit for Motion Picture Production Cost from Form 334, Part VIII, line 34		00
31	Recapture Total: Add lines 27 through 30. Enter here and on Form 140, line 21; or Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 27		00
32	Subtotal: Add lines 26 and 31	570	00
33	Family Income Tax Credit from Form 140, line 26; or Form 140PY, line 29; or Form 140X, line 31		00
34	Subtract line 33 from line 32	570	00

Nonrefundable Tax Credits Claimed

Enter amount of credits actually claimed from Part I.

35	Defense Contracting Credit from Form 302	35		00
36	Enterprise Zone Credit from Form 304	36		00
37	Environmental Technology Facility Credit from Form 305 (not to exceed 75% of line 32)	37		00
38	Military Reuse Zone Credit from Form 306	38		00
39	Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25% of line 32 or \$5,000)	39		00
40	Credit for Increased Research Activities from Form 308-I	40		00
41	Credit for Taxes Paid to Another State or Country from Form 309	41	246	00
42	Credit for Solar Energy Devices from Form 310	42		00
43	Agricultural Water Conservation System Credit from Form 312	43		00
44	Pollution Control Credit from Form 315	44		00
45	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	45		00
46	Credit for Employment of TANF Recipients from Form 320	46		00
47	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	47		00
48	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	48		00
49	Credit for Contributions to School Tuition Organizations from Form 323	49		00
50	Agricultural Pollution Control Equipment Credit from Form 325	50		00
51	Credit for Neighborhood Electric Vehicle (NEV) from Form 328	51		00
52	Credit for Donation of School Site from Form 331	52		00
53	Credit for Healthy Forest Enterprises from Form 332	53		00
54	Credit for Employing National Guard Members from Form 333	54		00
55	Credit for Motion Picture Production Costs from Form 334	55		00
56	Credit for Solar Energy Devices Commercial and Industrial Applications from Form 336	56		00
57	Total Tax Credits Claimed: Add lines 35 through 56. Total cannot be more than line 34. Enter this amount on Form 140, line 27; or Form 140PY, line 30; or Form 140NR, line 29; or Form 140X, line 32	57	246	00

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.

309

For the calendar year 2006, or fiscal year beginning _____ and ending _____

Attach to your return. A separate form must be filed for each state or country for which a credit is claimed.

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X

TEST T & ISABEL H NONMILLY

YOUR SOCIAL SECURITY NO.

400-00-7502

SPOUSE'S SOCIAL SECURITY NO.

400-00-7567

Part I Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2006

Other State: If claiming a credit for taxes paid to another state, enter the two-letter abbreviation for that state. See page 6 of the instructions for a list of state abbreviations . . . OR

Other Country: If claiming a credit for taxes paid to another country, enter the name of the other state or country _____

	(a)	(b)	(c)
1 Description of income item(s). List each income item separately.			
	WAGES		
2 Amount of income from item listed on line 1 reportable to both Arizona and the other state or country.	2 \$ 40,000	\$	\$
3 Portion of income included on line 2 subject to tax by Arizona.	3 \$ 40,000	\$	\$
4 Portion of income included on line 2 subject to tax by the other state or country.	4 \$ 40,000	\$	\$
5 Amount of income from item listed on line 1 which is subject to tax by both Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4.	5 \$ 40,000	\$	\$
6 Total income subject to tax in both Arizona and the other state or country. Add line 5, columns (a), (b), and (c)		6	40,000 00

Part II Computation of Other State or Country Tax Credit (Read specific line instructions for Part II before completing this part.)

7 Arizona tax liability less any credits (except other state tax credit)	7	570	00
8 Amount from Part I, line 6	8	40,000	00
9 Entire income upon which Arizona tax is imposed. See instructions	9	40,000	00
10 Divide the amount on line 8 by the amount on line 9 (100% maximum)	10	100.0	%
11 Multiply the amount on line 7 by the percent on line 10	11	570	00
12 Income tax paid to (name of other state or country). See instructions. <u>OR</u>	12	246	00
13 Amount from Part I, line 6	13	40,000	00
14 Entire income upon which other state's or country's income tax is imposed. See instructions page 4	14	17,500	00
15 Divide the amount on line 13 by the amount on line 14 (100% maximum)	15	100.0	%
16 Multiply the amount on line 12 by the percentage on line 15	16	246	00
17 Allowable credit for taxes paid to the above named other state or country: Enter the smaller of line 11 or line 16. See instructions	17	246	00

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ARIZONA FORM AZ-8879

Arizona Department of Revenue E-file Signature Authorization

2006

YOUR FIRST NAME AND INITIAL TEST T LAST NAME NONMILLY YOUR SOCIAL SECURITY NO. 400-00-7502 IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL ISABEL H LAST NAME NONMILLY SPOUSE'S SOCIAL SECURITY NO. 400-00-7567

PART I PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART II - TAX RETURN INFORMATION

Table with 5 rows: 1 Arizona Adjusted Gross Income 35,931.00, 2 Balance Of Tax 324.00, 3 Arizona Income Tax Withheld 1,500.00, 4 Refund 1,246.00, 5 Amount You Owe

PART II - FINANCIAL INSTITUTION INFORMATION -

Must be present when requesting direct debit or deposit.

TYPE OF ACCOUNT [X] Checking [] Savings ROUTING NUMBER 021234567 ACCOUNT NUMBER 123123123 DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT \$.00

PART III DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part II)

Under penalties of perjury, I declare that I have examined a paper copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2006, and to the best of my knowledge and belief, it is true, correct, and complete.

- 6a [X] I consent that my refund be directly deposited as designated in the electronic portion of my 2006 Arizona individual income tax return. 6b [] I do not want direct deposit of my refund or I am not receiving a refund. 6c [] I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 16, 2007, I will remain liable for the tax liability and all applicable interest and penalties.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter.

I authorize (ELECTRONIC RETURN ORIGINATOR) to make the election that I want my electronic signature to my electronic federal individual

income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2006. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN YOUR PEN AND INK SIGNATURE 10-18-2006 DATE SPOUSE'S PEN AND INK SIGNATURE 10-18-2006 DATE Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

*****KEEP FOR YOUR RECORDS*****

Entire Income Upon Which Arizona Tax is Imposed Worksheet

Enter your entire income upon which Arizona tax is imposed. This is the Arizona adjusted gross income excluding allowable exemptions for age 65 or over, blind, dependents, or qualifying parents and ancestors.

Use the worksheet to figure your entire income upon which Arizona tax is imposed.

- 1. Enter the amount of Arizona AGI from
Form 140, line 16; Form 140PY, line 19; or
Form 140NR, line 19. 35,931

- 2. Enter the amount of Arizona Total Exemptions from
Form 140, line C18; Form 140PY, line D30; or
Form 140NR, line D25. 4,069

- 3. Add the amount on
lines 1 and 2. Enter
the total here and on
line 9 of Arizona
Form 309. 40,000

*******KEEP FOR YOUR RECORDS*******

Credit Carryover Worksheet

Keep this worksheet with your records. Use this information to complete your 2007 credit forms that you will file in 2008.

(a) Credit Type On the lines below, enter the types of credits available to you for 2006.		(b) Carryover? May the unused credit for the type of credit entered in column (a) be carried forward? (See the applicable credit form for information about a specific credit.) Check either yes or no. if the answer is no, do not complete columns (c) through (e) for that line.		(c) 2006 Credit On the lines below, enter the amount of each credit available to you for 2006. Take these amounts from Form 301, lines 1 through 22 or Form 300, lines 1 through 17.	(d) Credit used for 2006 On the lines below, enter the amount of each credit used for 2006. Take these amounts from Form 301, lines 35 through 56 or Form 300, lines 28 through 44.	(e) Carryover to 2007 For each line on which you have entered an amount, subtract the amount in column (d) from the amount in column (c). This is the amount of each credit that you may carryover to 2007, providing the credit carryover may be carried to 2007. Use this figure when completing the appropriate 2007 credit form.
1.	309		X			
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

*****KEEP FOR YOUR RECORDS*****

Clean Elections Fund Tax Reduction Worksheet

You may designate \$5 of your tax go to the Clean Elections Fund and may also reduce your tax by up to \$5. If you are married filing a joint return, both you and your spouse may make this designation and also reduce your tax by up to \$10.

NOTE: Amounts designated to the Clean Elections Fund Tax Reduction do not qualify for the Clean Elections Fund Tax Credit.

- 1. Enter the amount of tax from Form 140
line 22, Form 140NR line 25, or Form 140PY
line 25. 1. 580

- 2. If you checked the box for yourself, enter \$5.
If a joint return and your spouse also checked
the box for spouse, enter \$10. 2. 10

- 3. Balance of tax eligible for tax reduction.
Subtract line 2 from line 1. If less than
zero, enter zero "0". 3. 570

- 4. If you checked the box for yourself, enter \$5.
If a joint return and your spouse also checked the
box for spouse, enter \$10. 4. 10

- 5. Tax reduction. Enter the lesser of line 3
or line 4. Also enter this amount on Form
140, line 24, Form 140NR line 27, or Form
140PY line 27. 5. 10

Amended Return <input type="checkbox"/> Form 40	OREGON INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only	2006 Fiscal year ending	For office use only K F P Q R
400-00-7502 NONMILLY NONMILLY 341 RONALD RD SALEM	400-00-7567 TEST ISABEL OR 97309	T DOB 12/11/1935 H DOB 07/07/1939 PHONE	<input type="checkbox"/> DECEASED <input type="checkbox"/> DECEASED <input type="checkbox"/> EXTENSION FILED <input type="checkbox"/> FORM 8886 FILED <input type="checkbox"/> FORM 24 FILED <input type="checkbox"/> DONATE KICKER
FILING STATUS: MARRIED/JOINT 2 SPOUSE: QUALIFYING NAME: EXEMPTIONS: 6A SELF : <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> DISABLED 1 6B SPOUSE: <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> DISABLED 1 6C ALL DEPENDENTS: GERTRUDE 01 6D DISABLED CHILDREN ONLY: 6E TOTAL EXEMPTIONS: 03 7A SELF : <input checked="" type="checkbox"/> 65 OR OLDER <input type="checkbox"/> BLIND SPOUSE: <input checked="" type="checkbox"/> 65 OR OLDER <input type="checkbox"/> BLIND			FOR COMPUTER USE ONLY

8 Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; or 1040NR, line 35; or 1040NR-EZ, line 10. See instructions, page 24 ● 8 63,870 **Round to the nearest dollar**

ADDITIONS	9 Interest and dividends on state and local government bonds outside of Oregon ● 9		
	10 Other additions. Identify: ●10a ●10b \$ ●10c ●10d \$ ●10e ●10f \$. ● 10		
	11 Total additions. Add lines 9 and 10 ● 11		
	12 Income after additions. Add lines 8 and 11 ● 12		63,870
SUBTRACTIONS	13 2006 federal tax liability (\$0-\$5,000; see instructions for the correct amount) ● 13	4,500	
	14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b ● 14	1,870	
Staple W-2s, payment, and payment voucher here	15 Oregon income tax refund included in federal income ● 15		
	16 Interest from U.S. government, such as Series EE, HH and I bonds ● 16		
	17 Federal pension income. See instructions, page 25. 17a % 17b % ● 17		
	18 Other subtractions. Identify: ●18a 319 ●18b \$ 40,000 ●18c ●18d \$ ●18e ●18f \$. ● 18	40,000	
	19 Total subtractions. Add lines 13 through 18 ● 19		46,370
	20 Income after subtractions. Line 12 minus line 19 ● 20		17,500

DEDUCTIONS	If you are claiming itemized deductions, fill in lines 21-25. If you are claiming the standard deduction, fill in line 26 only.		
	21 Itemized deductions from federal Schedule A, line 28 ● 21		
	22 Special Oregon medical deduction (age restricted, see instructions, page 28) ● 22		
	23 Total Oregon itemized deductions. Add lines 21 and 22 ● 23		
	24 State income tax claimed as an itemized deduction ● 24		
	25 Net Oregon itemized deductions. Line 23 minus line 24 ● 25		
	OR		
	26 Standard deduction from page 28 ● 26	5,545	} Either line 25 or 26
	27 Total deductions. Line 25 or line 26, whichever is larger ● 27	5,545	
	28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, fill in -0- ● 28		11,955
TAX	29 Tax. See instructions, page 29. Enter tax here ● 29	723	
	Check if tax is from: 29a <input checked="" type="checkbox"/> Tax tables or charts or 29b <input type="checkbox"/> Form FIA-40 or 29c <input type="checkbox"/> Worksheet FCG		
	30 Interest on certain installment sales ● 30		
	31 Total tax before credits. Add lines 29 and 30 OREGON TAX BEFORE CREDITS ● 31		723

Table with 4 columns: Line number, Description, Amount, and Total. Includes lines 32-41 for non-refundable credits and net income tax.

Table with 4 columns: Line number, Description, Amount, and Total. Includes lines 42-54 for payments and refundable credits, including Oregon income tax withheld and estimated tax payments.

Table with 4 columns: Line number, Description, Amount, and Total. Includes lines 55-64 for charitable checkoffs and net refund.

Form for direct deposit of refund, including fields for routing number and account number.

Important: Attach a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ.

Signature section with fields for taxpayer, preparer, and spouse signatures, dates, and license numbers.

If you owe, make your check or money order payable to the Oregon Department of Revenue. Write your daytime telephone number and "2006 Oregon Form 40" on your check or money order. Attach your payment, along with the payment voucher on page 11, to this return.

Table with 4 columns: Mail Return Type (Tax-to-Pay or Refunds and No Tax Due) and Address (Oregon Department of Revenue, PO Box, Salem OR).

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use IRS e-file		Visit the IRS website at www.irs.gov/efile.	
b Employer identification number (EIN) 11-1222333				1 Wages, tips, other compensation 40,000		2 Federal income tax withheld	
c Employer's name, address, and ZIP code THE EMPLOYER THE ROAD WAYNESVILLE NC 28786				3 Social security wages 40,000		4 Social security tax withheld 2,480	
				5 Medicare wages and tips 40,000		6 Medicare tax withheld 580	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 400-00-7502				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name TEST T NONMILLY 341 RONALD RD SALEM OR 97309				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
f Employee's address and ZIP code				15 State Employer's state ID no. AZ 123444777		16 State wages, tips, etc. 40,000	
		17 State income tax 1,500		18 Local wages, tips, etc.		19 Local income tax	
						20 Locality name	

Form **W-2 Wage and Tax Statement**

2006

Department of the Treasury Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on this Form W-2 was used to prepare the taxpayer's 2005 Federal tax return by .

Unofficial Copy

a Control number		Safe, accurate, FAST! Use			IRS e-file	Visit the IRS website at www.irs.gov/efile.	
b Employer identification number (EIN) 11-1222333		1 Wages, tips, other compensation 10,000		2 Federal income tax withheld 1,250			
c Employer's name, address, and ZIP code THE EMPLOYER THE ROAD WAYNESVILLE NC 28786		3 Social security wages 10,000		4 Social security tax withheld 620			
		5 Medicare wages and tips 10,000		6 Medicare tax withheld 145			
		7 Social security tips		8 Allocated tips			
d Employee's social security number 400-00-7567		9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial Last name ISABEL H NONMILLY 341 RONALD RD SALEM OR 97309		11 Nonqualified plans		12a See instructions for box 12			
		13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b			
		14 Other		12c			
				12d			
f Employee's address and ZIP code		15 State Employer's state ID no. OR AZ123444777		16 State wages, tips, etc. 10,000		17 State income tax 1,000	
		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement**

2006

Department of the Treasury Internal Revenue Service

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PAYER'S name, street address, city, state, and ZIP code CALIFORNIA BUSINESS 542 MAIN STREET SACRAMENTO CA 94257		1 Gross distribution \$ 15,000	OMB No. 1545-0119 2006 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.
		2a Taxable amount \$ 12,000		
PAYER'S federal identification number 11-1222334	RECIPIENT'S identification number 400-00-7567	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	
RECIPIENT'S name ISABEL H NONMILLY Street address (including apt. no.) 341 RONALD RD City, state, and ZIP code SALEM OR 97309		5 Employee contributions /Designated Roth contributions or insurance premiums/ \$	6 Net unrealized appreciation in employer's securities \$	
		7 Distribution Code 1	IRA/SEP/SIMPLE <input type="checkbox"/> 8 Other \$ %	
		9a Your percentage of total distribution %	9b Total employee contributions \$	
1st year of desig. Roth contrib.		10 State tax withheld \$ 2,000	11 State/Payer's state no. CA 1489484	12 State distribution \$ 12,000
Account number (see instructions)		13 Local tax withheld \$	14 Name of locality \$	15 Local distribution \$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

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